

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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WOODCOCK WASHBURN LLP  
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Philadelphia, PA 19103

APPLICATION NO. 10/626,398	FILING DATE 07/23/2003	FIRST NAMED INVENTOR TIMOTHY LOVENBERG	ATTORNEY DOCKET NO. JJPR-0034/ORT-1377DIV3	CONFIRMATION NO. 9387
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TITLE OF INVENTION: DNAS ENCODING GUINEA PIG HISTAMINE RECEPTORS OF THE H4 SUBTYPE

APPLN. TYPE NONPROVISIONAL	SMALL ENTITY NO	ISSUE FEE \$1400	PREV. PAID ISSUE FEE \$0	PUBLICATION FEE \$300	TOTAL FEE(S) DUE \$1700
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EXAMINER LI, RUIXIANG	ART UNIT 1646	CLASS-SUBCLASS 435-069100
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## 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents.  
If no name is listed, no name will be printed.

1 Woodcock Washburn LLP

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNER

ORTHOMCNEIL PHARMACEUTICAL, INC.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

RARITAN, NEW JERSEY

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

## 5. Change in Entity Status (from status indicated below)

☐ a. Applicant claiming SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

## 4b. Payment of Fee(s) (Please first reapply any previously paid issue fee shown above)

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☒ The Commissioner is hereby authorized to charge any deficiency or credit any overpayment of the fees associated with this communication to Deposit Account No. 23-3050.

Authorized Signature

Date

AUGUST 15, 2006

Typed or printed name

PATRICK J. FARLEY

Registration No.

42,524

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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